Checking In On Waterline Testing Regulations:

How Are You Doing with Compliance? A Clinician's Guide

SAFEWATER SOLUTION
By Sterisil®

Sherrie Busby

EDDA, CDSO, CDIPC

DA Training Developer Heartland Dental
DA Advocate, Speaker, & Trainer

Sherrie's extensive experience in education in the field makes her a valuable resource for dental assistants seeking to enhance their skills and advance their careers. She is dedicated to staying up to date on the latest industry trends and best practices and is always on the lookout for new opportunities to expand her knowledge and experience. She works closely with dental assistants to provide them with training on a wide range of topics, including dental software with AI, documentation guidelines, clinical techniques, and comprehensive infection control.

WORRY-FREE WATERLINE SAFETY

SAFEWATER SOLUTION
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Bringing You 30+ Years Experience

- Clinical Chairside Dental Assistant & Mentor
- Practice Administrator & Insurance Coordinator
- DA Training Developer for Heartland Dental

✓ Incorporating practical and implementable recommendations for daily workflow
✓ Cutting edge content development for LMS platform and live training classes
✓ Deliver in-person and virtual presentations
✓ Mentoring growing presenters

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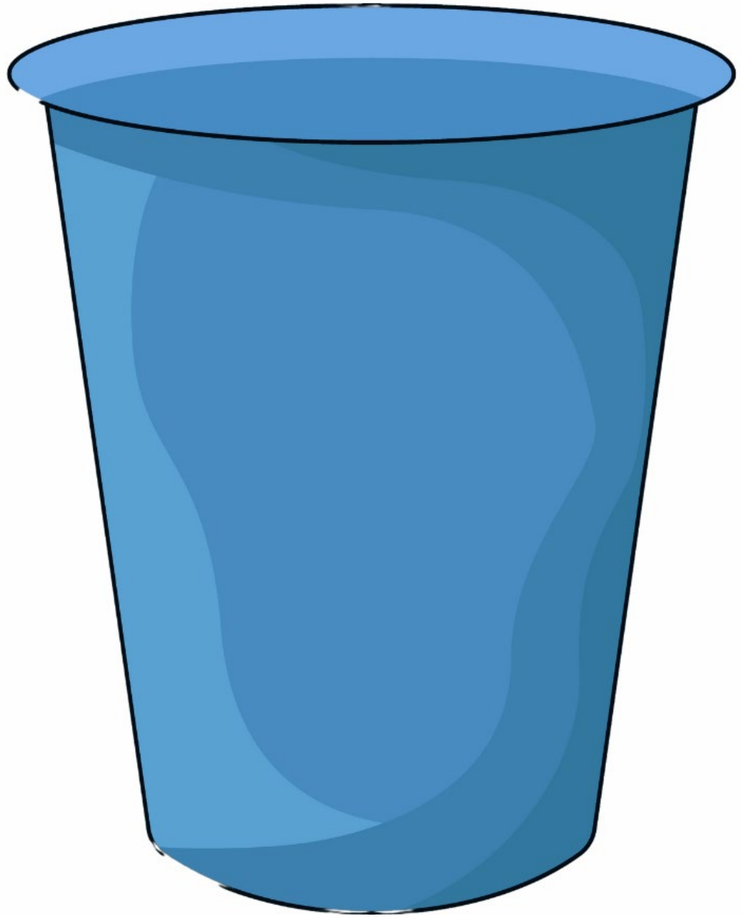
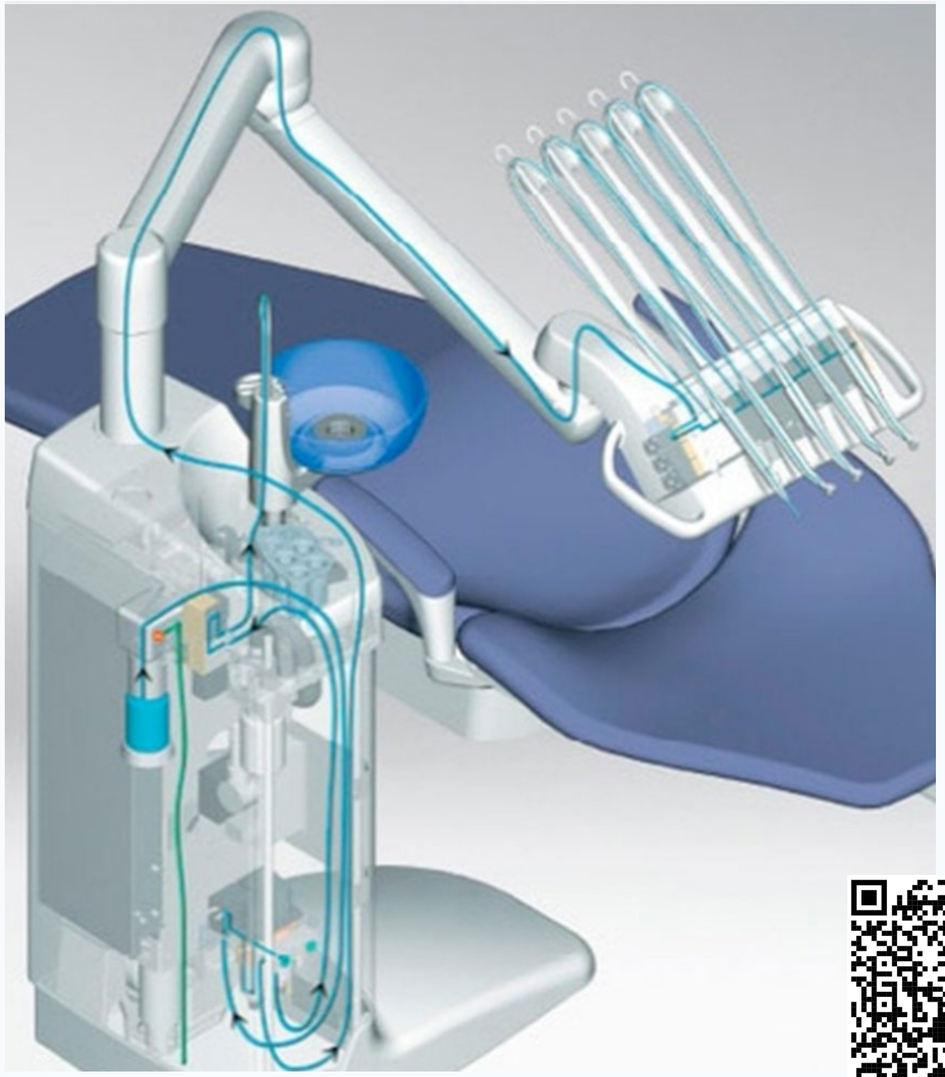
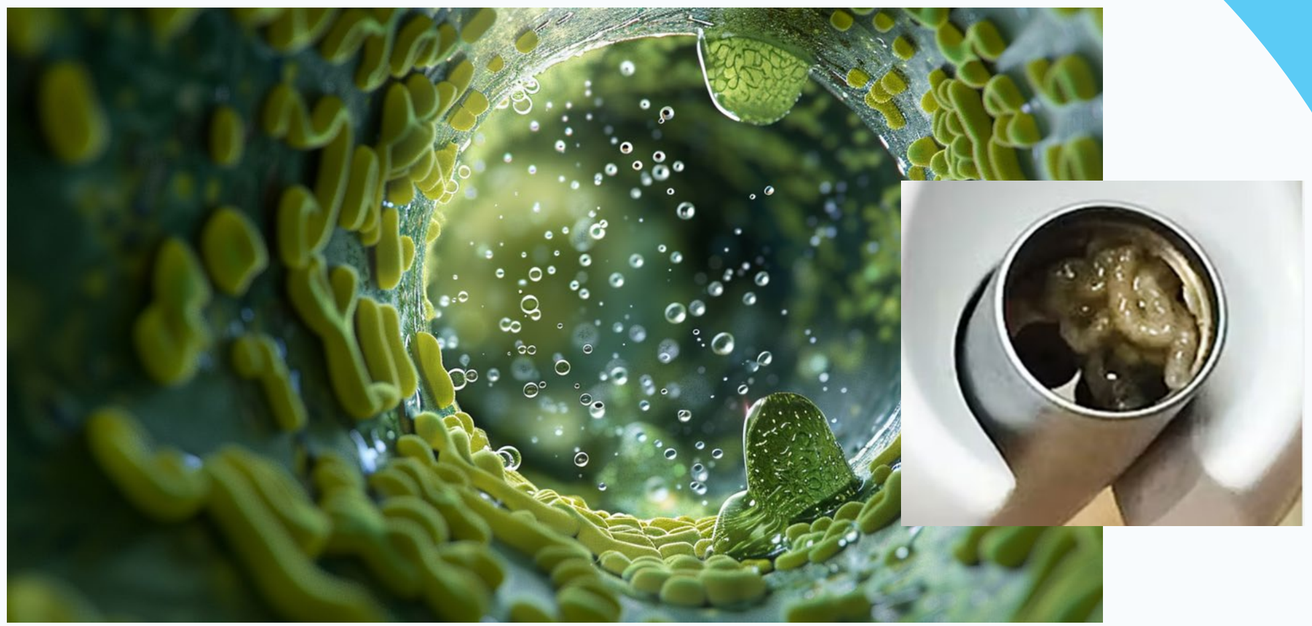
Story of my little cup



Biofilm





Biofilms are the slimy layers of microorganisms that stick to moist surfaces.

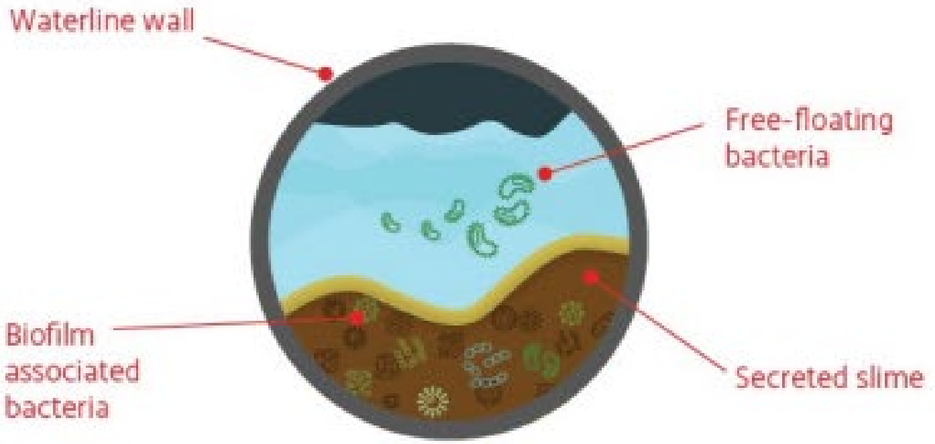
- Biofilms harbor harmful bacteria and are difficult to remove once established.
- Studies have shown that biofilms can form in dental units in as little as 72 hours.

https://www. researchgate.net/publication/351470719/figure/fig4/AS:1143128111718006 0@1675396349708/An-example-of-a-dental-unit-waterline-42.png

Harmful Bacteria and Biofilm

Bacteria

Floaters



Biofilm

Coaters

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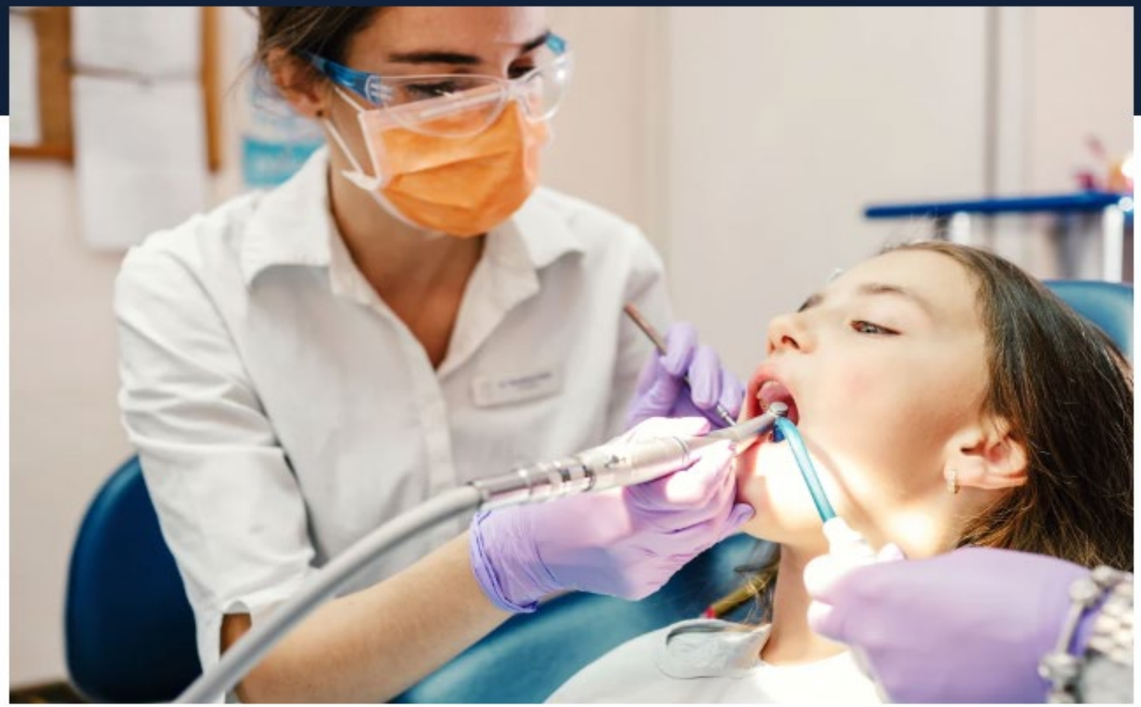
Biofilm in the news

NBC NEWS | CDC warns of bacteria in dental waterlines after children are infected | SHARE & SAVE

U.S. NEWS

CDC warns of bacteria in dental waterlines after children are infected

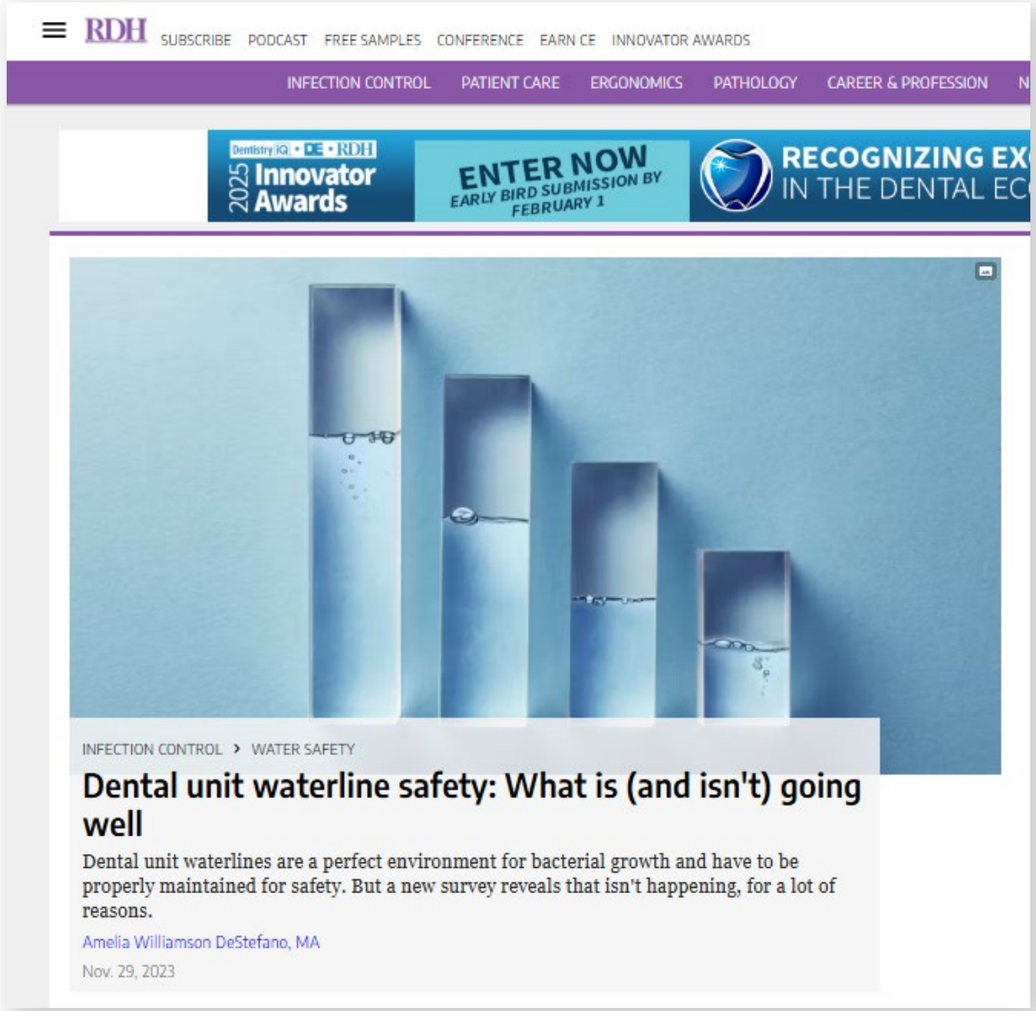
Two outbreaks of nontuberculous Mycobacteria infections were linked to pediatric dental offices in 2015 and 2016, with another suspected in March.

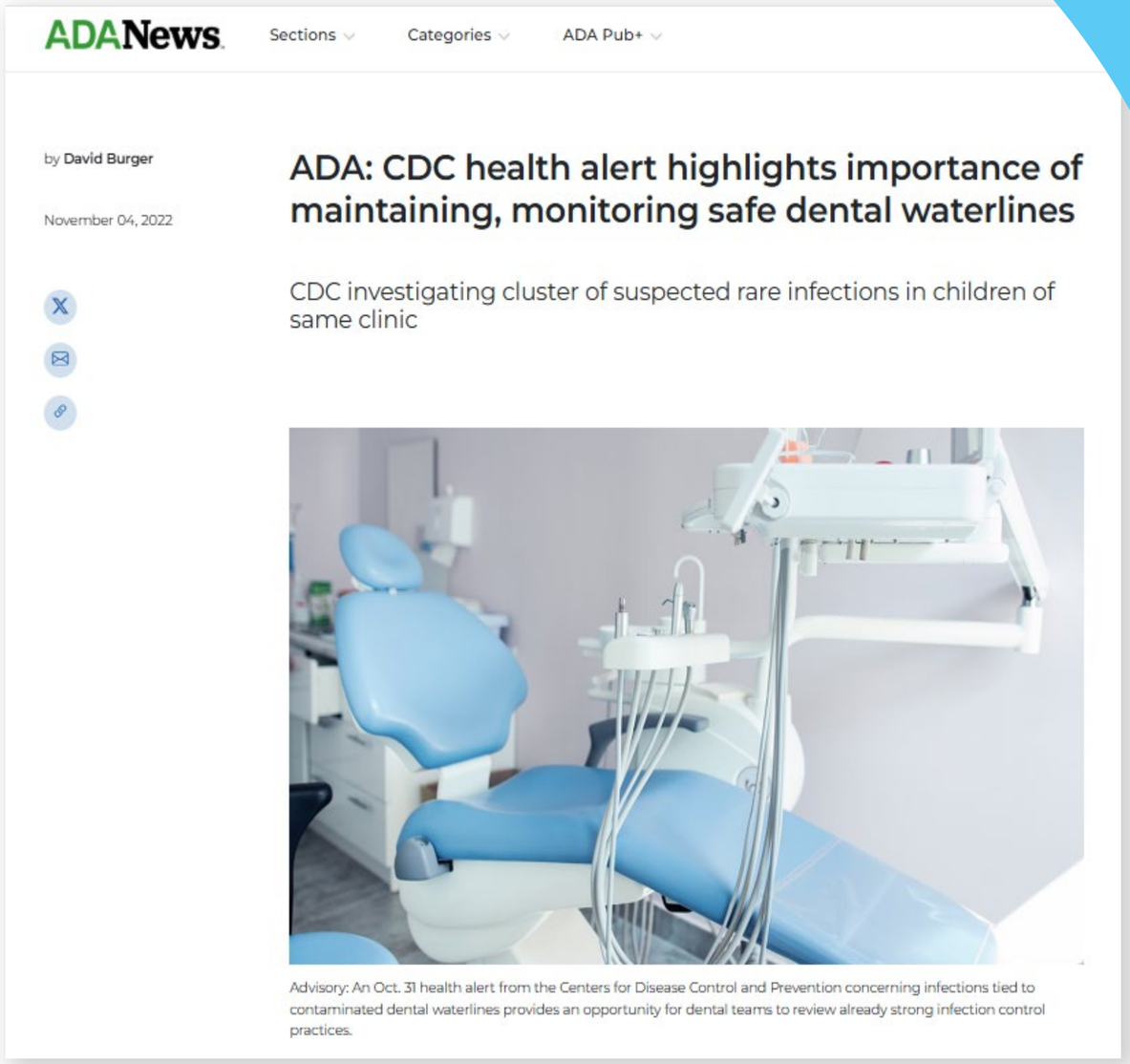


Outbreaks of nontuberculous Mycobacteria linked to dental offices in California in 2016 and Georgia in 2015 involved children 4 to 8 years old.

Getty Images file

Biofilm in the news





MAY 15, 2024

Best Practices for Dental Unit Water Quality

KEY POINTS

- Dental providers should properly maintain and monitor their dental equipment to ensure that dental treatment water is safe for patient care.
- Dental providers and patients could be placed at risk of adverse health effects if dental unit water is not appropriately treated.

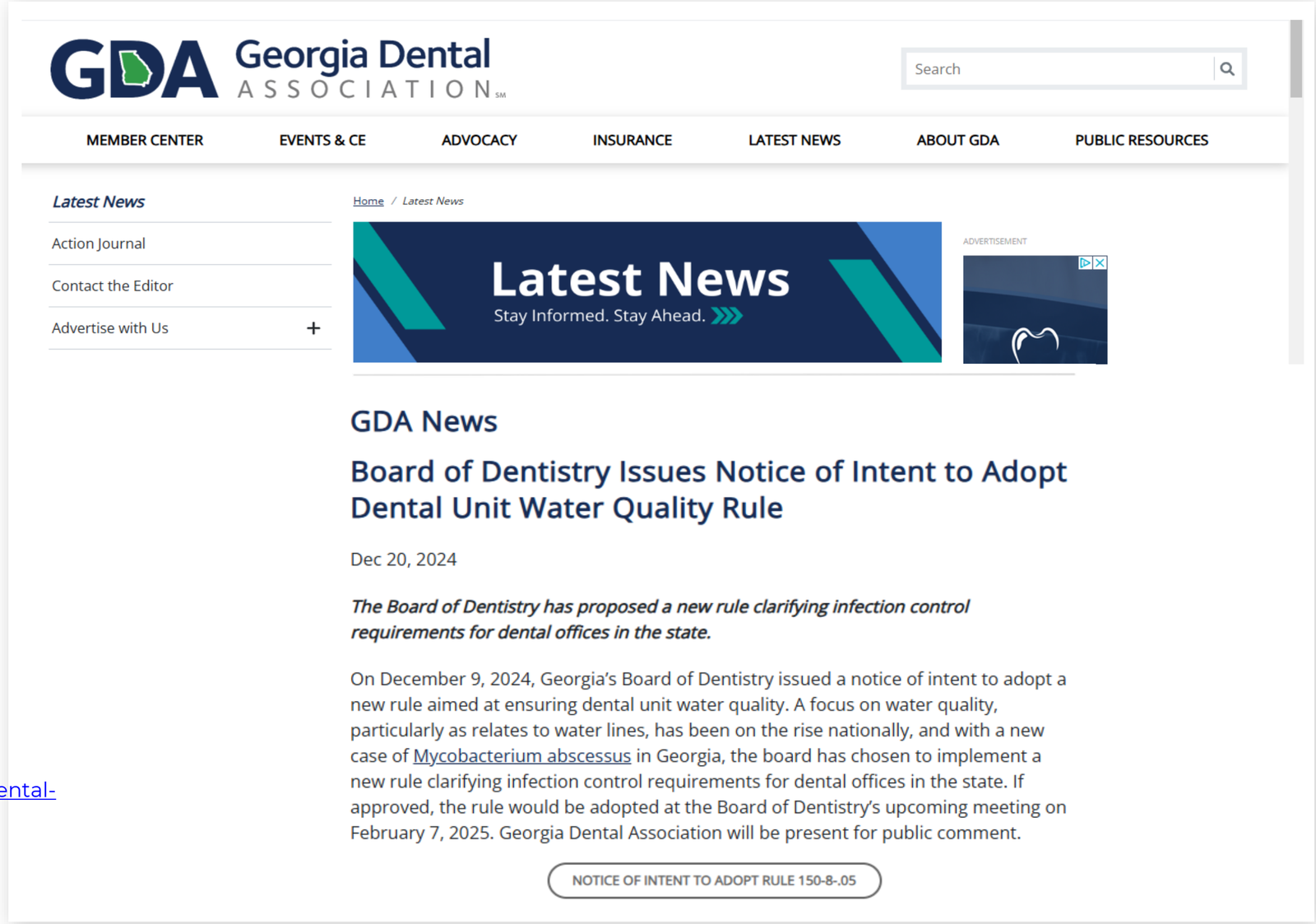
OSHA BBP Requirements

Requirements for dental unit waterlines :

- Flush waterlines for 2 min. before using
- Flush for 20 seconds between patients
- Monitor water quality
- Use water treatment systems
- Use anti-retractive devices
- Follow IFU

What Water Regulations Are Active in Your State?

DUWL Safety in Georgia



GDA Georgia Dental ASSOCIATION

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GDA News

Board of Dentistry Issues Notice of Intent to Adopt Dental Unit Water Quality Rule

Dec 20, 2024

The Board of Dentistry has proposed a new rule clarifying infection control requirements for dental offices in the state.

On December 9, 2024, Georgia's Board of Dentistry issued a notice of intent to adopt a new rule aimed at ensuring dental unit water quality. A focus on water quality, particularly as relates to water lines, has been on the rise nationally, and with a new case of Mycobacterium abscessus in Georgia, the board has chosen to implement a new rule clarifying infection control requirements for dental offices in the state. If approved, the rule would be adopted at the Board of Dentistry's upcoming meeting on February 7, 2025. Georgia Dental Association will be present for public comment.

NOTICE OF INTENT TO ADOPT RULE 150-8-.05

https://solmetex.com/new-georgia-dental-water-quality-rule/?hsCtaAttrib=184392551825

DUWL Safety in Georgia

WASHINGTON STATE LEGISLATURE

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WACs > Title 246 > Chapter 246-817 > Section 246-817-660

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246-817-655 << 246-817-660 >> 246-817-701

Agency filings affecting this section

PDF **WAC 246-817-660**

Dental unit water quality.

(1) A licensed dentist shall use water for nonsurgical procedures that meets United States Environmental Protection Agency regulatory standards for drinking water of five hundred or less colony-forming units or CFUs/mL.

(2) A licensed dentist shall follow dental equipment manufacturer's instructions when testing the water delivery system for acceptable water quality. If manufacturer's instructions are unavailable, a licensed dentist shall test the water delivery system for acceptable water quality quarterly. A licensed dentist shall test the water delivery system five to ten days after repair or changes in the plumbing system and again at twenty-one to twenty-eight days later.

(a) Effective December 1, 2021, all water lines must be tested.

(i) All water lines for each operatory or dental unit can be pooled as one single sample.

(A) A pooled sample must use an equal amount of water from each water line.

(B) A pooled sample can have up to ten water lines included.

(C) The number of water lines pooled into one sample must be documented.

(ii) All water lines for each operatory or dental unit can be tested individually.

(b) In the event of an unacceptable level of colony-forming units or CFUs, a licensed dentist shall take immediate remedial action. For the purposes of this section, remedial action means any action necessary to reduce the CFUs to five hundred or a lesser number currently recognized by the United States Environmental Protection Agency as acceptable for drinking water.

(c) A licensed dentist shall record the water delivery system testing and maintenance either in the form of a log reflecting dates and person or persons conducting the test or maintenance or copies of reports from an independent testing entity. A licensed dentist shall maintain this documentation for a period of five years.

[Statutory Authority: RCW 18.32.002 and 18.32.0365. WSR 21-01-214, § 246-817-660, filed 12/23/20, effective 1/23/21.]

Summary of the new Georgia Rule

Learn More

Water Quality Standard	Testing Requirements	Remediation	Documentation
A licensed dentist shall use water meeting the EPA drinking water standard of **≤ 500 CFU/mL** (colony-forming units)	A licensed dentist shall be responsible for ensuring that the water quality is **tested at least quarterly**, and within 30 days of repair or changes in plumbing.	If an unacceptable level of CFUs is identified, immediate remedial action by any means necessary must be taken to reduce the CFUs to **≤ 500 CFU/mL**	A licensed dentist shall be responsible for recording testing and maintenance in the form of a log to include: **1. Test Date** **2. Person Conducting Test/Retests** **3. Maintain logs for 5 years**

Education

This new rule is an addition to the continuing education rule that became **effective Jan 1, 2024**, requiring hygienists to complete a **minimum of 2 hours** of infection control education and training which shall include **dental unit waterlines**.
GA R&R - GAC - Rule 150-5-.05. Requirements for Continuing Education for Dental Hygienists

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- https://www.gadental.org/docs/stategageorgialibraries/2025/notice-of-intent-to-adopt-rule-150-8--05.pdf?sfvrsn=959c0fe1_1
- https://www.gadental.org/latest-news/2025/02/07/board-of-dentistry-adopts-new-dental-unit-water-quality-rule

Wisconsin Dental Unit Waterlines Toolkit

Wisconsin Healthcare-Associated Infections (HAI) Prevention Program
Division of Public Health, Wisconsin Department of Health Services

Dental unit waterlines and water safety

Facility dental unit waterline management

Designate a clinic staff member who can take charge of the dental unit waterline management in the facility. This person should develop written policies and protocols specific to the facility. Any staff member that performs functions related to the treatment and testing of waterlines should be trained. Document this training and retain records of it.

Key steps for water safety

There are several key steps to keeping water safe in oral health care settings including:

- Treat water daily
- Flush waterlines regularly
- Shock the waterlines
- Test water quality regularly

Additional information on each of these steps is included below.

Step 1: Treat water daily

Water that is known to be of acceptable quality according to the Environmental Protection Agency (EPA), should **not** be used in dental units without additional treatment. Dental unit waterlines are narrow, dark, and have a slow, non-continuous flow of water, which makes them an ideal place for bacterial growth, also known as biofilm. Even water that entered the unit in acceptable condition can become contaminated with high levels of bacteria within just days. Contaminated waterlines have been linked to outbreaks in oral health care settings. By treating the water daily, bacterial numbers are significantly reduced.

Regardless of its source (including municipal, well, bottled or distilled), **water should never be used in dental units without daily treatment**. Daily water treatment may be accomplished through the use of an antimicrobial cartridge (commonly referred to as a straw), tablets, or an in-line system. No matter which method is utilized, it is imperative to follow all applicable instructions for use (IFU).

Straw method: This method involves inserting a treated straw that continually releases germicide into the dental unit's bottle of water, which is refilled as needed throughout the day.

Tablet method: This method involves inserting tablets into the dental unit's water bottle. When the water level is low, completely discard all of the water, rinse the bottle, and refill with tap water before inserting the new tablet(s). Allow tablets to dissolve.

In-line method: This method involves a water system that releases metered amounts of germicide. These are often managed by an outside vendor.

Wisconsin Dental Unit Waterlines Toolkit

Wisconsin Healthcare-Associated Infections (HAI) Prevention Program
Division of Public Health, Wisconsin Department of Health Services

Water testing protocol

Where IFUs do not exist for frequency testing, the following protocol is suggested.

Day 0: Test water quality

- **✓ Pass**: Record results and test again in 30 days.
- **✖ Fail**: Shock and retest. If a unit fails two times consecutively, remove from service and contact manufacturer for further guidance.

Day 30: Test water quality

- **✓ Pass**: Record results.
- **✖ Fail**: Shock and return to Day 0.

After two consecutive passing tests, consider moving to quarterly testing (every 90 days).

Quarterly: Test water quality

- **✓ Pass**: Record results and test again in 90 days.
- **✖ Fail**: Shock and return to Day 0.

ADA Resource

DENTAL UNIT WATERLINE INFECTION CONTROL

A GUIDE TO DENTAL WATER INFECTION CONTROL FROM:
ADA | HuFriedyGroup

Every practice should have a designated **infection control coordinator**

Water used in dental units should have **less than 500 CFU/mL**

Every practice should have a policy & procedure manual for maintaining dental unit waterlines.

Where should they come from?

- CDC, state, and local guidance ✓
- Dental waterline treatment products ✓
- Dental unit manufacturer instructions ✓
- Secondhand knowledge ✗

What should be included?

- Frequency of dental waterlines testing ✓
- Remediation protocol following failed testing (results >500 CFU/ml) ✓
- What to do in the event of a water boil advisory ✓
- Special circumstance protocol (boil-water, extended office closure) ✓

WHICH LINES SHOULD BE REGULARLY TESTED?

- High-speed handpiece(s) lines ✓
- Air/water syringe(s) lines ✓
- Ultrasonic scaler(s) lines ✓
- Unused waterlines ✓

*If these dental unit waterlines have been shocked and a contamination problem persists, source water or reservoirs should be tested

WHEN SHOULD DENTAL UNIT WATERLINES BE FLUSHED?

- According to manufacturers' instructions ✓
- 20-30 seconds after each patient ✓
- 2 minutes at the end of each day ✓
- After the final patient of the day ✓

Additionally, **waterlines should be emptied and dried overnight** to remove as much water as possible.

WHAT TO DOCUMENT WHEN TESTING DENTAL UNIT WATERLINES

- Test date ✓
- Location (i.e. , chair/operatory #) ✓
- Water source ✓
- Test results ✓
- Waterline maintenance/shock product name ✓
- Waterline maintenance/shock product lot # ✓
- Pooling details* (if samples pooled) ✓
- Name of team member sampling ✓

*Pooling: Sampling from multiple waterlines that is then combined for testing

Source: Centers for Disease Control and Prevention: Dental unit waterline infection control guidance

Creating Team Culture

#changeyourmindset

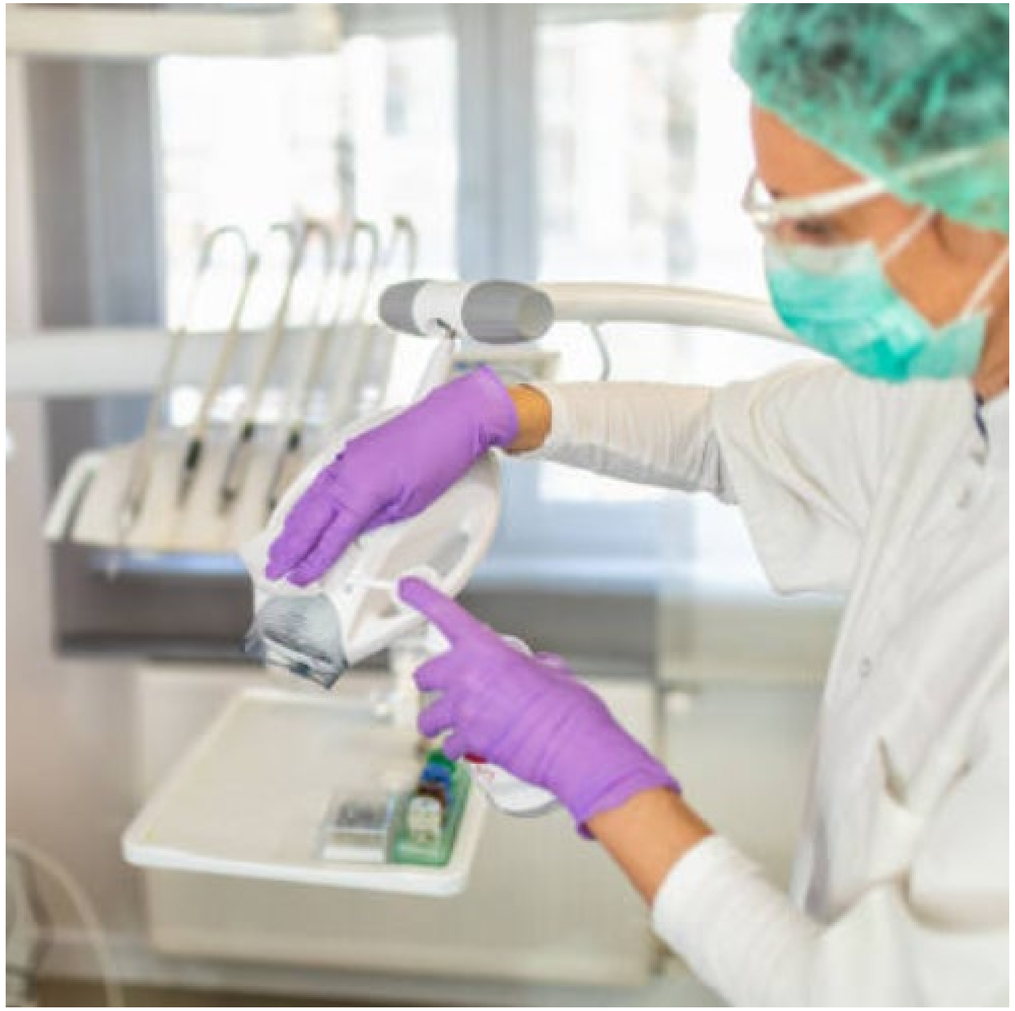
#safewatereveryday

38%

PERCENTAGE OF DENTAL ASSISTANTS WILL LEAVE

FOR BETTER PAY, BETTER ENVIRONMENT, OR LEAVE THE FIELD ALTOGETHER.

Your Challenge



We learn from each other

My bad habits are now being passed down to the next generation

We don't know what we don't know

Most doctors and admin don't know compliance, nor do they know how to train their DAs

Training takes TIME!

You are already shorthanded and now you need a warm body to assist with direct patient care.

Open or Closed Systems

Open System

Uses municipal water connections

Closed System

Uses onboard water supply (chair bottles)

6 STEPS TO SAFE WATER

WRITE IT DOWN

SOPs are crucial for consistency and accountability in dental practices. Ensure they include clear directives, defined expectations, assigned responsibilities, timelines, follow-up steps, and procedures for test failures or non-compliance. This ensures all team members understand their roles, promoting smoother operations and better patient care.

GAIN TEAM BUY-IN

Compliance is a team effort. Share SOP expectations in a team meeting, ensuring everyone understands their role and has the chance to discuss and ask questions. Incorporating their ideas will boost engagement and buy-in.

SCHEDULE IT

A plan without action is just an idea. Schedule a "start date" and log it in your practice management software to keep everyone informed of the date for patient scheduling. In an ideal world, you should be able to get most all your samples in under 30 minutes if everyone pitches in. This creates synergy within the team and provides support for those still involved in patient care.

PROVIDE TRAINING

Your SOP covers the essentials, but your team may need training. Reach out to a qualified trainer or partner with water testing companies, who are experts in their products. Prefer a DIY approach? Research and review the product's instructions for use (IFU) to ensure proper implementation. Document training and maintain training logs for 3-5 years.

TESTING DAY

On the scheduled date, divide tasks, gather water testing supplies with the IFU, and follow your plan. The OSHA/IC champion will ensure SOP compliance and documentation. Test in-office or mail samples within 24 hours.

FOLLOW UP

Following your testing day, schedule a short debrief meeting to get the team's feedback on the testing process. Ask for feedback for improving the process. Incorporate as feasible. Make sure to document testing date, time, and test results as soon as possible. If using mail-in testing service record result once the written report has been received.

Sherrie Busby, EDDA, CDSO, CDIPC
sherrie.busby@yahoo.com February 2025

Key Principles for Effective Water Management

Testing

Follow SOP for:

- Frequency
- Follow testing IFU
- Protocol for test failure

Failed a test?

It happens.
Here's what to do:

TEST

*FAST*Check15™:

Accuracy, simplicity, and speed

15-minute in-office test

- ✓ **Fast, reliable, real-time results** with *FAST*Check15™.
- ✓ **Quickly validate water quality and take action immediately** to maintain safe levels if needed—before bacteria has a chance to spread out of control.

Sterisil® R2A Waterline Test

Mail-In waterline testing

- ✓ **Precise waterline test from only EPA-certified lab** available for dental waterline testing.
- ✓ **Easiest testing protocol:** Regular testing with *FAST*Check15™, plus Sterisil® R2A lab test for documentation and tracking progress.

Handpiece Flush — Daily Maintenance

The control system is equipped with a handpiece flush system that allows you to periodically flush fresh water through the handpiece tubings. The need for this is caused by the low flow of water through the tubings during normal use, which can lead to stagnation and the potential growth of "biofilm" contamination.

We recommend that you flush the tubings at the beginning and end of each day. This may be done with or without handpieces installed, but having handpieces on the tubings will restrict flow, so a longer flush time will be required. We also recommend flushing handpiece tubing for 20 to 30 seconds between patients to prevent cross-contamination.

All of the tubings are flushed simultaneously. Hold them together and direct them into a basin, sink or cuspidor to catch the water. Flip and hold the flush toggle.

Allow adequate time for fresh water to make its way through t
American Dental Association and the Centers for Disease Co
procedure, including information on frequency and duration o
contained water system.

WARNING: In order to mitigate the risk of cross-contamination between patients, disinfection and sterilization of handpieces must occur after each dental procedure. Refer to the handpiece manufacturer's instructions and recommendations for sterilization or disinfection procedure.

WARNING: Failure to follow the handpiece manufacturer's instructions for proper cleansing, disinfecting and sterilization may cause equipment damage or create cross contamination over patients and operators.

Limit the touching of splash and splatter surfaces to those who wear cleaning gloves while performing cleaning procedures.

NOTE Do not use "latex gloves" for cleaning procedures. Cleaning gloves should be made from nitrile rubber. Puncture and chemically resistant utility gloves should be used for all cleaning and disinfecting procedures.

Follow the Manufacturer's IFU for your Dental Units and Products

DIRECTIONS FOR USE

IT IS A VIOLATION OF FEDERAL LAW TO USE THIS PRODUCT IN A MANNER INCONSISTENT WITH ITS LABELING.

NOTE: This product is intended for use with potable water. Do not use softened water with this product. For optimum wate
RSI is recommended.

Sterisil® D Water Microbiological Cartridge is for use as an antimicrobial on dental unit waterlines. When used accord
label, optimal control of odor causing bacteria can be achieved.

Sterisil® Dental Water Microbiological Cartridge is available in multiple types in order to provide treatment for various dent
waterline configurations. The straw model type is for use in dental bottles.

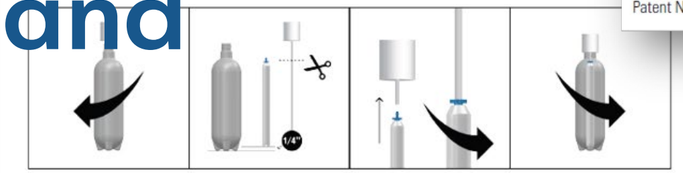
INITIAL SHOCK TREATMENT

To install for bottle use configuration:

1. Remove the dental bottle from the manifold.
2. Cut the dental unit's existing pickup tube and install the straw. Be sure to allow for at least a ¼" gap between the end of th
   and the bottom of the bottle.
3. Insert the luer lock (located on the straw) into the cut end of the pickup tube.
4. Ensure the straw is screwed tightly onto the luer lock.

For replacement: Twist off the straw while keeping the pickup tube and luer lock in place. Twist on a new straw.

Visit Sterisil.com to watch the installation video.



INITIAL SHOCK TREATMENT

Sterisil® Dental Water Microbiological Cartridge is engineered to automatically produce a "shock" treatment after initial connection. Run all lines attached to the dental units into a white cup until blue tinted water appears exiting each line. Run no more than 6oz (3/4 cup) of water during this process. Allow all lines to remain unused for a minimum of 8 hours. For best results, allow shock to remain in the line(s) over the weekend. **Prior to use of dental unit, flush dental lines until blue tint disappears (approximately 4 ounces).**

MAINTENANCE TREATMENT STRAW MODELS

Fill independent water bottle with distilled water, distilled quality water or good quality municipal water.* The dental water is automatically treated as it runs through the straw. Replace the straw per the cartridge capacity & replacement schedule.

*STRAW PERFORMANCE REQUIREMENTS: Source water for the S90/S365 should read 100 ppm or less on a Total Dissolved Solids (TDS) meter. Source water for S90m/S365m should read greater than 100 ppm, but no more than 250 ppm, on a TDS meter. If source water is greater than 250 ppm on a TDS meter, use distilled water or distilled quality water with a distilled straw.

It is recommended that you use a Sterisil® Bottle and clean and shock your bottle quarterly with a Citrisil™ shock tablet. If you have not purchased a Sterisil® Bottle we recommend you shock your bottles more frequently with a Citrisil™ shock tablet to inhibit the growth of any microorganisms that may be present.

EPA Reg. No. 83315-2
EPA Est. No. 83315-CO-001
Patent No 6 991 736

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2514 AP The Hague
The Netherlands

CITRISIL™

Dental Waterline Microbial Contaminant Control Tablet

Citrisil™ is specially formulated and clinically proven to:

- Kill odor causing bacteria
- Maintains dental unit water line effluent ≤ 10 CFU/ml
- Clean dental unit waterlines
- Maintain silver ion based antimicrobial tubing

Citrisil is formulated to be continuously present in the dental unit water system.

PLEASE SAVE THESE INSTRUCTIONS FOR FUTURE USE. Only selected information is contained on the tablet packaging.

KEEP OUT OF REACH OF CHILDREN
CAUTION

Active Ingredient: Silver 0.78%
Inert Ingredients: 99.22%
Total: 100.00%

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS:
CAUTION: Solid tablet may cause eye and skin irritati
direct contact with eyes, skin and clothing. Wash tho

EPA Reg. No. 83315-1
EPA Est. No. 83315-CO-001
Patent No. 6,991,736

Sterisil, Inc.
835 S. Hwy 105, U
Palmer Lake, CO 8
+ 1 719 622 7200

with soap and water after handling and before eating, drinking, chewing gum, using tobacco, or using the toilet.
ENVIRONMENTAL HAZARDS:
Silver is toxic to fish and aquatic invertebrates.
PHYSICAL OR CHEMICAL HAZARDS:
The Product will react with strong acids or oxidizing agents.

STORAGE AND DISPOSAL

STORAGE:
Store in a cool dry area out of direct sunlight. Do not contaminate water, food, or feed by storage or disposal.
DISPOSAL OF UNUSED PRODUCT:
Empty container by using product according to label directions.
CONTAINER DISPOSAL:

STERISIL®

How to perform the *FAST*Check15™ waterline test

Get ready

1. Perform hand hygiene and wear disposable treatment gloves
2. **Flush waterlines for a minimum of 10 seconds**
3. Open pouch and lay pipette, vial, and test strip on a clean, flat surface
4. Using a permanent marker, label vial with sample location and date

Collect

5. Collect water sample in a clean cup*
   *Sample can be collected from each waterline in a multi-source sample so long as those lines originate from the same water source.
6. Using the pipette, draw water from the collection cup
7. Place **5 (FIVE) drops** of water into the vial. ***DO NOT FILL TO LINE.***

Prep

8. **Gently swirl** the vial to mix reagent in the vial with the water
9. Place on a flat surface and **set timer for 5 (FIVE) minutes**
10. **Gently swirl** the vial again and ensure reagent is dissolved

Test

11. Place the test strip in the vial with the **ARROWS FACING DOWN**
12. Place back on a flat surface and **set timer for 10 (TEN) minutes**

Read and document results

13. Read results, and then document results for each operatory in the **My Solutions Center customer portal** for important record keeping as recommended by CDC, ADA, and OSAP.

1 Line = PASS = below 500 CFU/mL
2 Lines = FAIL = 500 CFU/mL or above

FASTCheck15™

Part of the Sterisil System of Solutions by Solmetex®
solmetex.com/water-solutions/dental-unit-waterline-management/

For more information and a detailed IFU video please visit this site, or use the QR code.
solmetex.com/fastcheck15-test

≤30%

Dental offices regularly testing

in the US

What lines need to be tested?

High Speed

Make sure to test all HS lines even if not used daily.

Air/Water Syringes

Test all lines on bracket table and on the assistant station.

Ultrasonic Scalers

All ultrasonic scalers that are attached to the chair water or uses independent water source.

Unused Waterlines

This includes the line for the slow speed motor and contra angle, and unused A/W lines.

Testing Options

SAFEWATER SOLUTION
By Sterisil®

TEST

*FAST*Check15™:
Accuracy, simplicity, and speed

15-minute in-office test

- **Fast, reliable, real-time results** with *FAST*Check15™.
- **Quickly validate water quality and take action immediately** to maintain safe levels if needed—before bacteria has a chance to spread out of control.

Sterisil® R2A Waterline Test

Mail-In waterline testing

- **Precise waterline test from only EPA-certified lab** available for dental waterline testing.
- **Easiest testing protocol:** Regular testing with *FAST*Check15™, plus Sterisil® R2A lab test for documentation and tracking progress.

SAFEWATER SOLUTION

By Sterisil®

R2A Mail In Options

ADVANTAGES

- Instructions for use included
- Exact CFU counts
- 3rd party reporting via website and/or email to document compliance
- Help is a phone call away

DISADVANTAGES

- Wait for the results can be up to a week or more
- Time sensitive to ship samples

Sterisil® R2A Waterline Test

INSTRUCTIONS FOR USE

- Place entire kit into freezer overnight before collecting the samples.
- Scan the order form QR code on the front of the package and complete your office information.

  If unable to scan QR code, visit my-solutions-center.solmetex.com/dentisafetesting and CAREFULLY ENTER THE TEST ID NUMBER above the QR code on the front of the package, then continue completing your office information. This alerts the lab to let them know your water sample(s) are being sent.
- Cover workspace with patient napkin and apply clean gloves.
- Flush DUWL for approximately 20 seconds before filling the vial.
- Remove collection vial from kit and place the white cap face down on the napkin.
- Fill collection vial, return white cap and tighten. It is recommended to use a single vial per line tested.
- Add each vial ID code to your digital order form, being careful to input each code accurately.
- **IMPORTANT:** Place frozen icepack into kit, remove adhesive strip and seal the mailer.
- Print return shipping label (available in My Solutions Center, in the Water Testing Tab), attach to the mailer and schedule drop off to UPS.

  NOTE: Please DO NOT ship samples on Fridays, weekends or holidays. Only ship test samples on Mondays-Thursdays in order to ensure that samples are viable when received by the lab.
- Results will be posted on the My Solutions Center portal at Solmetex.com. You will receive an email informing you when your lab results are ready to view.

POWERED BY DENTISAFE PREMIUM WATER TEST

EPA Certified Lab #37917

CUSTOMER SERVICE
1-800-216-5505

SAFEWATER SOLUTION

By Sterisil®

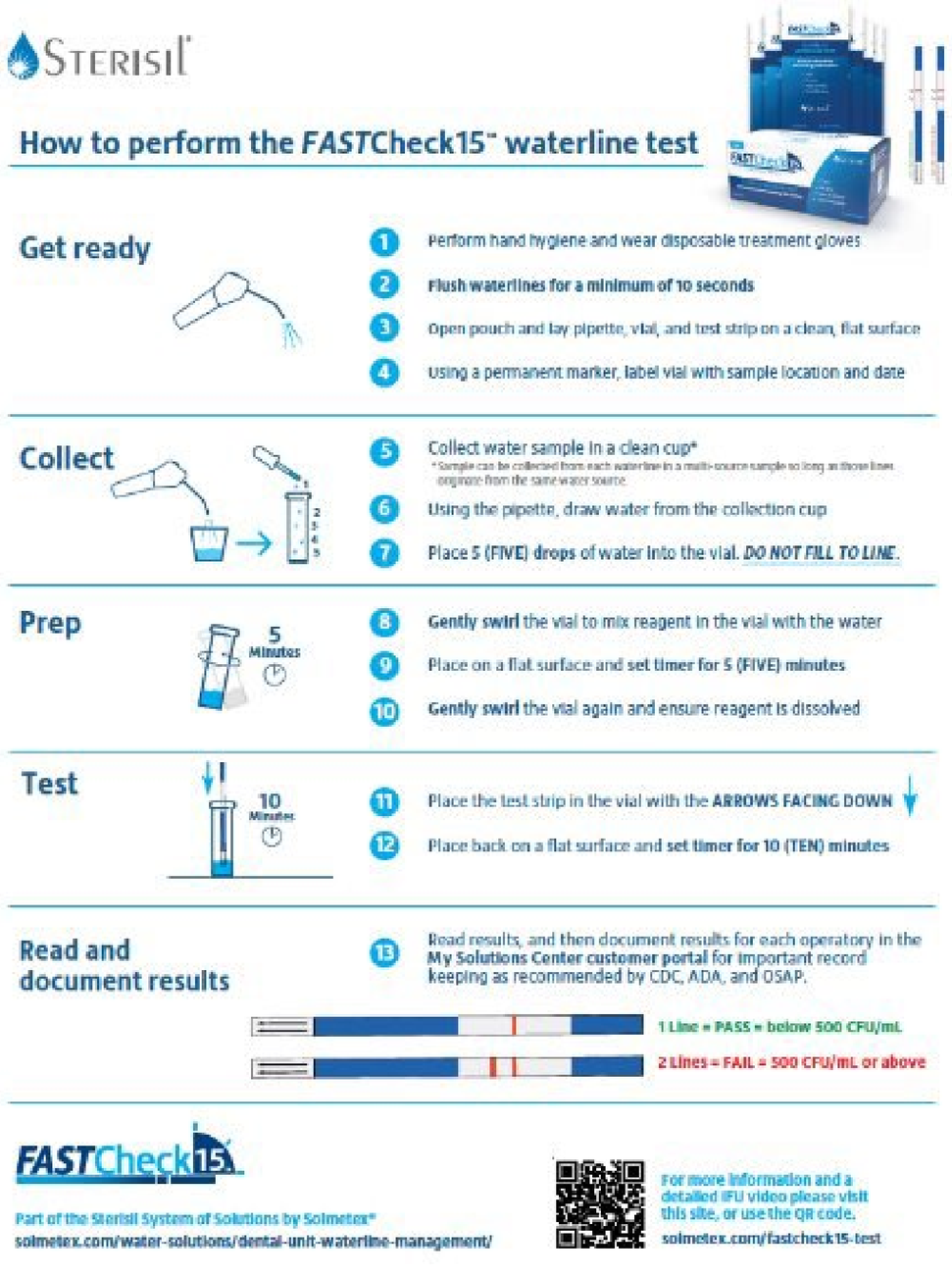
In-Office Options

ADVANTAGES

- Easy to use
- Quick — can be read in under an hour
- Very clear results
- Can be used more often

DISADVANTAGES

- Only detects microbials over ≤500 CFU/mL
- Human factor
- Documentation can be a challenge
- Time sensitive to run the tests



Shock ➡ Test vs Test ➡ Shock for *regular* testing protocol

Regular testing/monitoring is checking the effectiveness of waterline treatment against the existing biofilms within the lines.

- **When you shock or use a line cleaner first, you erase that ability to check treatment effectiveness.**
  - Shocking first is cheating.
    - You are getting a false report of the *status* of the waterlines AND *how effective* the treatment is working.
  - Citrisil™ Shock kills bacteria 'floaters' in the water (not the biofilm 'coaters').
    - If there is a biofilm overgrowth problem, a passing test provides a false sense of security that is **temporary.** In a few days, bacteria overload can exceed the limit again. Bacteria can duplicate every 4-20 minutes. Studies have shown that biofilms can form in dental units in as little as 72 hours.

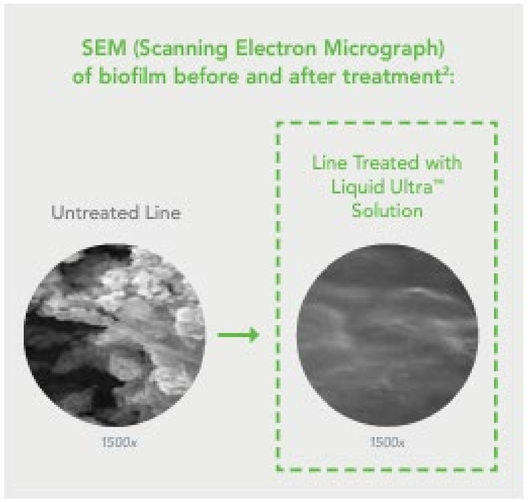
SAFEWATER SOLUTION
By Sterisil®

Liquid Ultra:

Why We Recommend It for Line Cleaning

Liquid Ultra™ Solution is the only EPA registered dental unit waterline treatment granted all of the following claims[1]:

- ✓ **Kills biofilm bacteria**
- ✓ **Removes existing biofilm from dental unit waterlines**
- ✓ **Prevents and suppresses formation of biofilm in DUWLs**



Product Ordering Information:

Ref. #	Description	Quantity
DS503L	Liquid Ultra™ Solution Each set contains: 1 bottle of solutions 1 and 2 (3 fl oz/bottle)	1 Box of 10 Sets

- **EPA registered to claim it removes biofilm**
- Made for dental waterlines
- **HAS AN IFU Liquid Ultra IFU**
- No pitting or damage to lines
- **Sets up our Sterisil® Straw for success with properly cleaned lines and additional prevention and suppression of biofilm formation**

Shocking:

Shock with Citrisil®

Most manufacturers and ADS* recommend shocking your dental unit waterlines "regularly."

Shock after testing

*ADS-Association for Dental Safety *formerly OSAP*


FLUSH

Maintain:

Consistent Treatment for Success

What Makes the Sterisil® Straw The Best Choice? It Simply Delivers.

- **Effective:** Unlike iodine, our silver-ion technology delivers unmatched efficacy that is **20x more effective** in providing a crucial margin of safety at **no more than 10 CFU/mL - continuously**.
- **Consistent:** The Sterisil Straw does the work for you by releasing treatment consistently **every day for 365 days.**
- **Saves Time:** Eliminates the need for daily purging, cleaning, and drying of bottles and other straws.
- **Convenient:** Built in initial shock treatment ready to go when installed and no dummy straw needed when shocking with Citrisil™ Shock.

The Sterisil® SAFEWATER Solution Protocol

The chart below reflect a "best practices" protocol using Sterisil products.

The Association for Dental Safety (ADS, formerly OSAP) suggests testing monthly until passing two consecutive months. Then, transition to quarterly testing as long as you maintain passing results.

Monthly

Test in-office with ***FAST*Check15™** Waterline Test Strips

Quarterly

Mail-in with **Sterisil® R2A** Waterline Lab Test

Annually

Sterisil® Straw with Silver ION Technology

Shock with Citrisil®

Most manufacturers and ADS* recommend shocking your dental unit waterlines "regularly."

Shock after Testing

*ADS– Association for Dental Safety, *formerly OSAP*

Failed a test?

It happens.
Here's what to do:

First do this:
Shock and re-test.

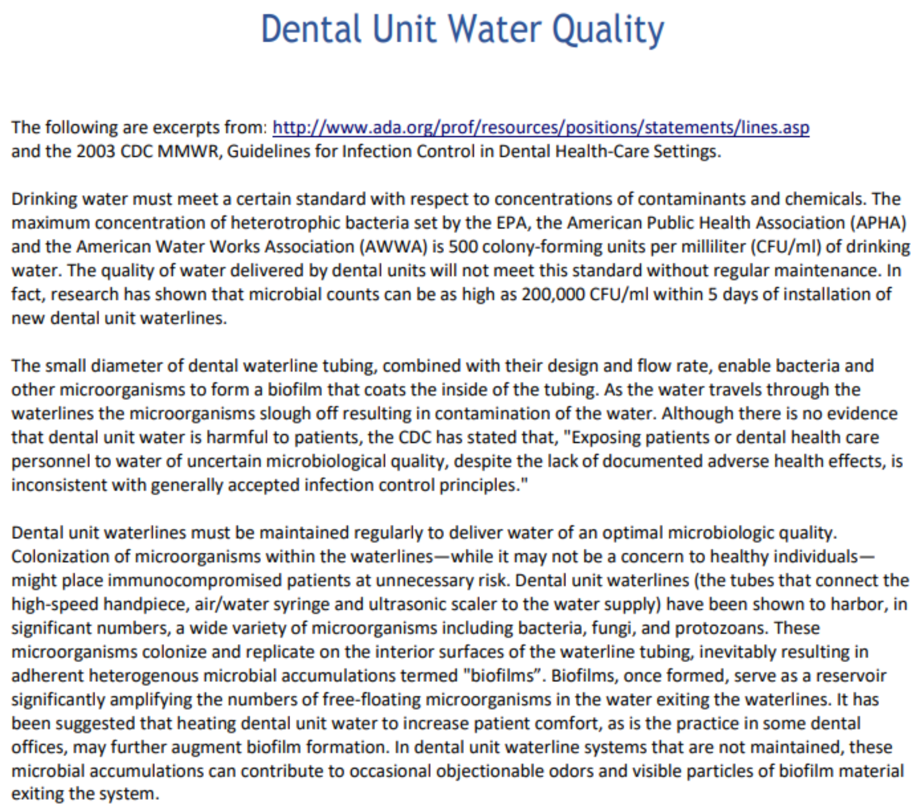
Failed again?
Call us. We can help:
800-216-5505

SAFEWATER SOLUTION
By Sterisil®

Boil Water Advisory

- Using tap water to fill your bottles?
- Still using city water?

Documentation

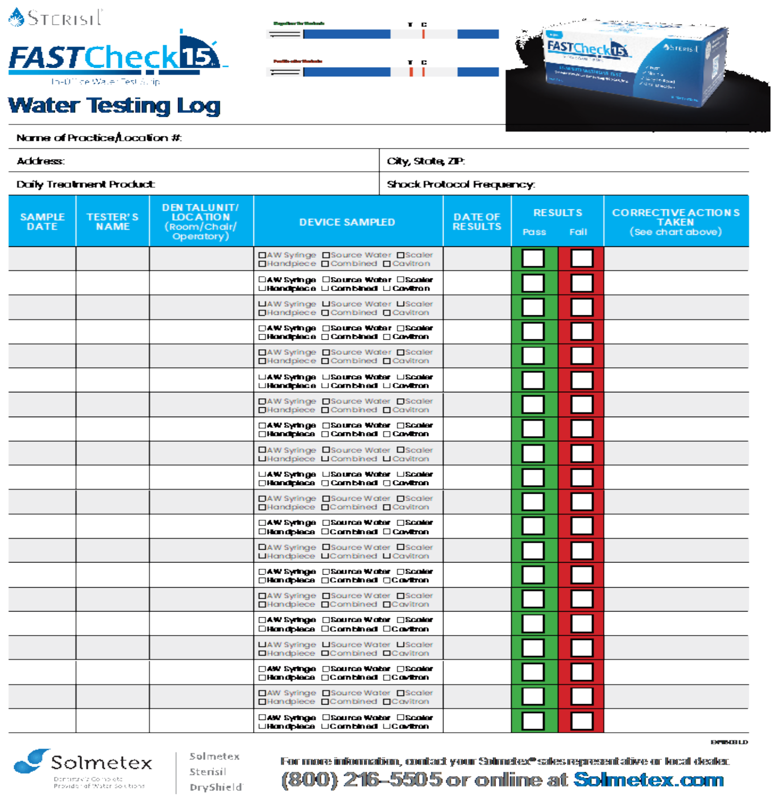

Dental Unit Water Quality

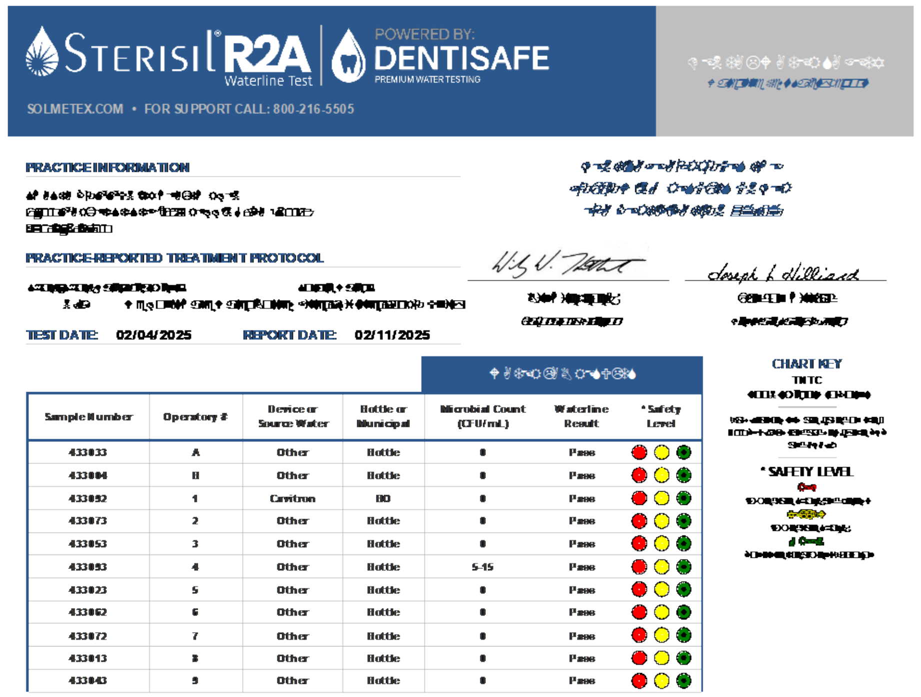
The following are excerpts from: http://www.ada.org/prof/resources/positions/statements/lines.asp and the 2003 CDC MMWR, Guidelines for Infection Control in Dental Health-Care Settings.

Drinking water must meet a certain standard with respect to concentrations of contaminants and chemicals. The maximum concentration of heterotrophic bacteria set by the EPA, the American Public Health Association (APHA) and the American Water Works Association (AWWA) is 500 colony-forming units per milliliter (CFU/ml) of drinking water. The quality of water delivered by dental units will not meet this standard without regular maintenance. In fact, research has shown that microbial counts can be as high as 200,000 CFU/ml within 5 days of installation of new dental unit waterlines.

The small diameter of dental waterline tubing, combined with their design and flow rate, enable bacteria and other microorganisms to form a biofilm that coats the inside of the tubing. As the water travels through the waterlines the microorganisms slough off resulting in contamination of the water. Although there is no evidence that dental unit water is harmful to patients, the CDC has stated that, "Exposing patients or dental health care personnel to water of uncertain microbiological quality, despite the lack of documented adverse health effects, is inconsistent with generally accepted infection control principles."

Dental unit waterlines must be maintained regularly to deliver water of an optimal microbiologic quality. Colonization of microorganisms within the waterlines—while it may not be a concern to healthy individuals—might place immunocompromised patients at unnecessary risk. Dental unit waterlines (the tubes that connect the high-speed handpiece, air/water syringe and ultrasonic scaler to the water supply) have been shown to harbor, in significant numbers, a wide variety of microorganisms including bacteria, fungi, and protozoans. These microorganisms colonize and replicate on the interior surfaces of the waterline tubing, inevitably resulting in adherent heterogeneous microbial accumulations termed "biofilms". Biofilms, once formed, serve as a reservoir significantly amplifying the numbers of free-floating microorganisms in the water exiting the waterlines. It has been suggested that heating dental unit water to increase patient comfort, as is the practice in some dental offices, may further augment biofilm formation. In dental unit waterline systems that are not maintained, these microbial accumulations can contribute to occasional objectionable odors and visible particles of biofilm material exiting the system.





Written SOP

- Office-Specific
- Contains details of who, what, when, and where
- Contains timelines (quarterly or bi-annually)

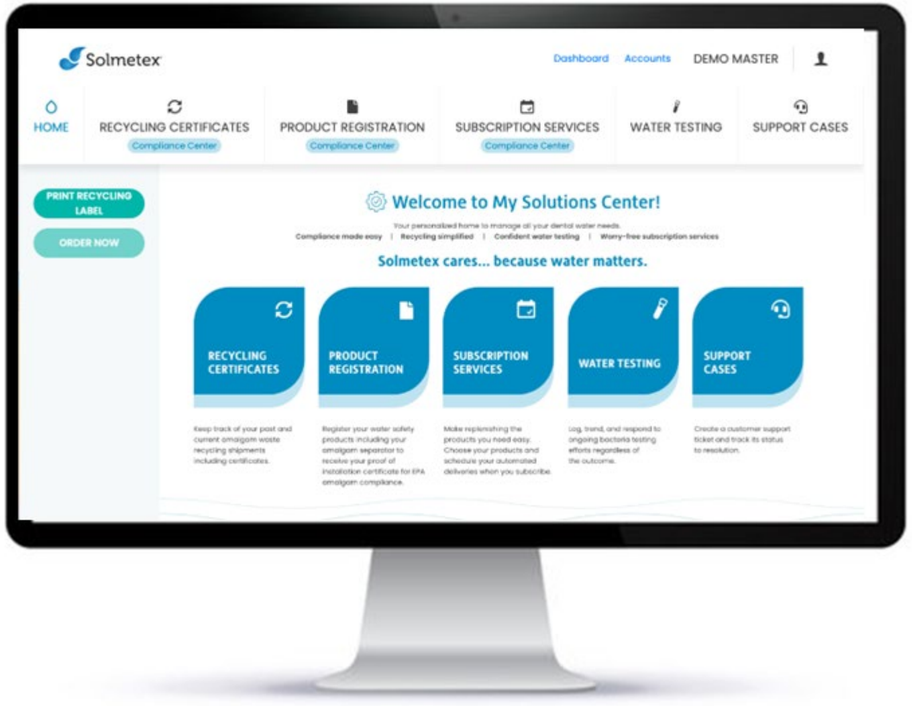
Testing Logs

- Logs must be maintained
- Keep logs as per state plans
- Contains:
    - Source Water
    - Product
    - Pooling details

Test Results

- Must be maintained per state guidelines (3-5 years)

Sterisil® Support



My Solutions Center Portal
Log in-office test results
Lab results are automatically uploaded to your account

WORRY-FREE WATERLINE SAFETY

SAFEWATER SOLUTION

By Sterisil®

Water Safety Specialists
Live, expert support when you need it!
1-800-216-5505 ~ Solmetex.com

Conclusion

The implementation of the Sterisil® SAFEWATER Solution presents a sensible and SIMPLE approach to ensuring safe water in our practices

The Sterisil® **SAFE**WATER Solution allows us to:

1. Consistently monitor the levels of bacteria growth
2. Maintain safe water levels effectively
3. Minimizes effort and cost to provide a safe environment for patients to seek care without the risk of infection

With the Sterisil SAFEWATER Solution SUCCESS is EASY!

SAFEWATER
SOLUTION
By Sterisil®

Sources

CDC- Summary of Infection Prevention Practices in Dental Settings

ADA-
DUWL Infection Control

State Dental Boards

Today's Trainer

Sherrie Busby

Dental Assistant Coach, Speaker & Content Creator

Contact:

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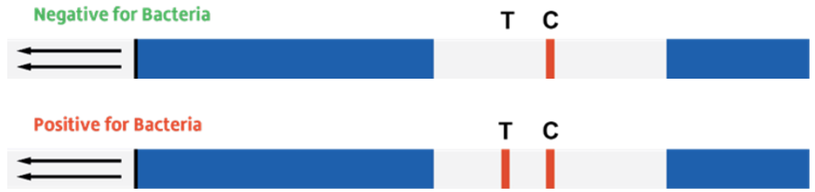
352-438-4737

Let’s Get Into Our Q&A!

SAFEWATER SOLUTION
By Sterisil®

FASTCheck15™

In-Office Water Test Strip



The only in-office waterline test that gives you results in just 15-minutes!

- Fast, 15-minute in-office water bacteria test
- Detects microbials exceeding 500 CFU/mL
- **Easy-to-read test strip:**
  - **1 line = Pass**
  - **2 lines = Fail**

FREE SAMPLE!

Thank you for joining our webinar!
Your free sample offer will be sent to the email address you registered with.

WORRY-FREE WATERLINE SAFETY

SAFEWATER SOLUTION

By Sterisil®

Tija Hunter
CDA, CDIA, CDIPC
Thursday, Feb. 20th
Times:
10am, 11am, 12 pm, 1pm, 2pm

Michelle Strange
RDH, MSDH
Friday, Feb. 21st
Times:
10am, 11am, 12 pm, 1pm, 2pm

SAFEWATER SOLUTION
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WORRY-FREE WATERLINE SAFETY

SAFEWATER
SOLUTION

By Sterisil®

Thank you